

091889305

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION         |          |        |      |
| O.I.P.E. CLASSIFIER       |          |        |      |
| FORMALITY REVIEW          |          |        |      |
| RESPONSE FORMALITY REVIEW |          |        |      |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim    | Date    |
|----------|---------|
| Final    | 12/6    |
| Original | 12/2    |
| 1        | 1/1 V   |
| 2        | 2/2 V   |
| 3        | 3/3 V   |
| 4        | 4/4 C   |
| 5        | 5/5 C   |
| 6        | 6/6 C   |
| 7        | 7/7 C   |
| 8        | 8/8 C   |
| 9        | 9/9 V   |
| 10       | 10/10 C |
| 11       | 11/11 C |
| 12       | 12/12 C |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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